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TITLE: Trauma-Informed Guilt Reduction (TrIGR) Intervention

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**13. SUPPLEMENTARY NOTES**

**14. ABSTRACT**

Posttraumatic guilt and shame are common among Veterans and have been implicated in the development and maintenance of posttraumatic distress and a range of adverse outcomes, including posttraumatic stress disorder (PTSD), depression and suicidality, and alcohol/substance use disorders. There is a pressing need for effective treatments targeting transdiagnostic mechanisms such as guilt. We developed Trauma Informed Guilt Reduction (TrIGR) therapy as a therapeutic tool to help Veterans accurately appraise deployment-related guilt and to re-identify and re-engage with their values. The overall objective of this study is to examine the efficacy of TrIGR in reducing deployment-related guilt. The overarching hypothesis is that TrIGR will reduce guilt, shame, and related distress, and these improvements will be significantly greater than in the comparison condition, Supportive Care Therapy (SCT). The study is a Stage 2 randomized, controlled trial of TrIGR compared to SCT. Recruitment of participants takes place at two VA Medical Centers (San Diego, CA and Providence, RI). 150 OEF/OIF Veterans will be randomized to TrIGR or SCT. All eligible participants complete an in-person baseline assessment, receive 6 sessions of TrIGR or SCT in individual format, complete brief bi-weekly self-report measures during treatment, and complete follow-up assessments immediately post-treatment, and 3- and 6-months later.

**15. SUBJECT TERMS**

Veterans, guilt, shame, psychotherapy, randomized clinical trial

**16. SECURITY CLASSIFICATION OF:****a. REPORT**

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**b. ABSTRACT**

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**c. THIS PAGE**

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1. **INTRODUCTION:** Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.

Posttraumatic guilt and shame are common among Veterans and have been implicated in the development and maintenance of posttraumatic distress and a range of adverse outcomes, including posttraumatic stress disorder (PTSD), depression and suicidality, and alcohol/substance use disorders. There is a pressing need for effective treatments targeting transdiagnostic mechanisms such as guilt. We developed Trauma Informed Guilt Reduction (TrIGR) therapy as a therapeutic tool to help Veterans accurately appraise deployment-related guilt and to re-identify and re-engage with their values. Our previous pilot studies of TrIGR with OEF/OIF/OND Veterans and active duty Marines showed reductions in guilt distress and severity, PTSD symptoms, and depression with medium to large effect sizes. The overall objective of this study is to examine the efficacy of TrIGR in reducing deployment-related guilt. The overarching hypothesis is that TrIGR will reduce guilt, shame, and related distress, and these improvements will be significantly greater than in the comparison condition, Supportive Care Therapy (SCT). The study is a Stage 2 randomized, controlled trial of TrIGR compared to SCT. Recruitment of participants takes place at two VA Medical Centers (San Diego, CA and Providence, RI). 150 OEF/OIF Veterans will be randomized to TrIGR or SCT. All eligible participants complete an in-person baseline assessment, receive 6 sessions of TrIGR or SCT in individual format, complete brief bi-weekly self-report measures during treatment, and complete follow-up assessments immediately post-treatment, and 3- and 6-months later.

2. **KEYWORDS:** Provide a brief list of keywords (limit to 20 words).

Guilt, shame, deployment, posttraumatic distress, PTSD, depression, functioning, psychotherapy, intervention

3. **OVERALL PROJECT SUMMARY:** Summarize the progress during appropriate reporting period (single annual or comprehensive final). This section of the report shall be in direct alignment with respect to each task outlined in the approved SOW in a summary of Current Objectives, and a summary of Results, Progress and Accomplishments with Discussion. Key methodology used during the reporting period, including a description of any changes to originally proposed methods, shall be summarized. Data supporting research conclusions, in the form of figures and/or tables, shall be embedded in the text, appended, or referenced to appended manuscripts. Actual or anticipated problems or delays and actions or plans to resolve them shall be included. Additionally, any changes in approach and reasons for these changes shall be reported. **Any change that is substantially different from the original approved SOW (e.g., new or modified tasks, objectives, experiments, etc.) requires review by the Grants Officer's Representative and final approval by USAMRAA Grants Officer through an award modification prior to initiating any changes.**

Per our approved Statement of Work (SOW), effort was expended on the following milestones and subtasks during this first year:

### **Major Task 1: Start-up Activities**

Subtask 3: Hire and train all study personnel (Months 0-6).

Progress: We have hired study staff for all key positions (e.g., project coordinator, therapists) who have completed all relevant trainings.

Subtask 4: Set up data entry and management procedures (Months 3-7).

Progress: Completed.

## **Major Task 2: Conduct RCT**

Subtask 1: Enroll 75 at San Diego site (Months 6-34).

Progress: We launched study enrollment in mid-June 2016.

Subtask 2: Randomize to study condition (TriGR or SCT) (Months 6-34).

Progress: We have randomized five participants.

Subtask 3: Deliver study interventions (Months 6-36).

Progress: Five participants are currently in or have completed treatment.

Subtask 4: Conduct assessments (Months 8-42).

Progress: We have initiated study assessments.

Subtask 5: Data collection (6 -42).

Progress: Data collection is underway.

- 4. KEY RESEARCH ACCOMPLISHMENTS:** Bulleted list of key research accomplishments emanating from this research. Project milestones, such as simply completing proposed experiments, are not acceptable as key research accomplishments. Key research accomplishments are those that have contributed to the major goals and objectives and that have potential impact on the research field.

As this is the first year of funding, during which time we have completed start-up activities and successfully launched the RCT, there are no key accomplishments to report at this time.

- 5. CONCLUSION:** Summarize the importance and/or implications with respect to medical and /or military significance of the completed research including distinctive contributions, innovations, or changes in practice or behavior that has come about as a result of the project. A brief description of future plans to accomplish the goals and objectives shall also be included.

Nothing to report.

## **6. PUBLICATIONS, ABSTRACTS, AND PRESENTATIONS:**

- a. List all manuscripts submitted for publication during the period covered by this report resulting from this project. Include those in the categories of lay press, peer-reviewed scientific journals, invited articles, and abstracts. Each entry shall include the author(s), article title, journal name, book title, editors(s), publisher, volume number, page number(s), date, DOI, PMID, and/or ISBN.

(1) Lay Press:

(2) Peer-Reviewed Scientific Journals:

(3) Invited Articles:

(4) Abstracts:

- b. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (\*) if presentation produced a manuscript.

Nothing to report.

- 7. INVENTIONS, PATENTS AND LICENSES:** List all inventions made and patents and licenses applied for and/or issued. Each entry shall include the inventor(s), invention title, patent application number, filing date, patent number if issued, patent issued date, national, or international.

Nothing to report.

- 8. REPORTABLE OUTCOMES:** Provide a list of reportable outcomes that have resulted from this research. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life. This list may include development of prototypes, computer programs and/or software (such as databases and animal models, etc.) or similar products that may be commercialized.

Nothing to report.

- 9. OTHER ACHIEVEMENTS:** This list may include degrees obtained that are supported by this award, development of cell lines, tissue or serum repositories, funding applied for based on work supported by this award, and employment or research opportunities applied for and/or received based on experience/training supported by this award.

Nothing to report.

For each section, 4 through 9, if there is no reportable outcome, state “Nothing to report.”

- 10. REFERENCES:** List all references pertinent to the report using a standard journal format (i.e., format used in *Science*, *Military Medicine*, etc.).

N/A.

- 11. APPENDICES:** Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

N/A.